## Edgar Filing: Hilton Michael F - Form 4

Hilton Micha	ael F												
Form 4													
January 18, 2	2013												
FORM	1 4									OMB AF	PROVAL		
	UNITEL	) STATES				ND EX( D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287		
Check th										Expires:	January 31,		
if no long subject to		MENT O	F CHAN	GES I	GES IN BENEFICIAL OWNERSH				NERSHIP OF		2005 average		
	Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 o										response 0.			
Form 5 obligation	<b>n</b> o <b>*</b>							•	e Act of 1934,				
may cont				•		•	· ·		1935 or Section	1			
See Instru 1(b).		30(h)	of the In	vestme	nt	Compan	y Ac	t of 194	0				
(Print or Type I	Responses)												
Hilton Michael F Symbol				er Name <b>and</b> Ticker or Trading OSON CORP [NDSN]				ng	5. Relationship of Reporting Person(s) to Issuer				
			e of Earliest Transaction					(Check all applicable)					
(Last)	(First)	(Middle)				ansaction			Director	10%	Owner		
			(Month/Day/Year) 01/16/2013						Officer (give title Other (specify below) below) President & CEO				
	(Street)		4. If Ame	ndment,	Dat	te Origina	l		6. Individual or Jo	int/Group Filir	g(Check		
			l(Month/Day/Year)					Applicable Line)					
WESTLAK	E, OH 44145								_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Nor	1-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.		4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year		n Date, if		ctio	n(A) or Di	-		Securities	Form: Direct			
(Instr. 3)	any (Month/		Code /Day/Year) (Instr.			str. 8)			Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
							(A) or		Transaction(s)				
				Code	V	Amount		Price	(Instr. 3 and 4)				
Common Shares	01/16/2013			F			D	\$ 65.08	27,859	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	d 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Equivalent Units (1)	<u>(1)</u>					(1)	(1)	Common Shares	<u>(1)</u>	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Hilton Michael F 28601 CLEMENS ROAD WESTLAKE, OH 44145			President & CEO				
Signatures							
Robert E. Veillette, Attorney-In-Fact		01/18/2013	3				
<u>**</u> Signature of Reporting Person		Date					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Share Equivalent Units acquired through deferral of performance shares awarded under 2004 Long Term Performance Plan. Deferrals are made to the Nordson Stock Measurement Fund of the Amended & Restated 2005 Deferred Compensation Plan. Equivalent Units are settled in common shares at reporting person's termination of employment or retirement subject to delayed distribution rules of Internal

Revenue Code Section 409(A).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.